

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10 500626</div>		Filing Date	
							Applicant(s)			

  

CLAIMS							* May be used for additional claims or amendments						
AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1							51						
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47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	17						Total Depend						
Total Claims	19						Total Claims						

Application Number  
10 500 626

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2					
Total Depend	17					
Total Claims	19					